

# Behested Payment Report

# A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Cox, Greg <b>Agency Name</b> County of San Diego <b>Agency Street Address</b> 1600 Pacific Highway, Room 335, San Diego, CA 92101 <b>Designated Contact Person</b> (Name and title, if different) Pamela O'Neil, Chief of Staff <b>Area Code/Phone Number</b> <b>E-mail (Optional)</b> 619-531-5511      Pamela.Oneil@sdcounty.ca.gov		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (See Part 5) <b>Date of Original Filing:</b> _____ (month, day, year)	<b>California Form 803</b> For Official Use Only
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## 2. Payor Information (For additional payors, include an attachment with the names and addresses.)

HP Enterprise Services, LLC

Name

5400 Legacy Drive

Plano

TX

75024

Address

City

State

Zip Code

## 3. Payee Information (For additional payees, include an attachment with the names and addresses.)

County of San Diego

Name

1600 Pacific Highway, Room 335

San Diego

CA

92101

Address

City

State

Zip Code

## 4. Payment Information (Complete all information.)

**Date of Payment:** 12/3/12  
(month, day, year)

**Amount of Payment:** (In-Kind FMV) \$ 5,000  
(Round to whole dollars.)

**Payment Type:** ☒ Monetary Donation      or      ☐ In-Kind Goods or Services (Provide description below.)

**Brief Description of In-Kind Payment:** \_\_\_\_\_

**Purpose:** (Check one and provide description below.)

☐ Legislative

☒ Governmental

☒ Charitable

**Describe the legislative, governmental, charitable purpose, or event:** \_\_\_\_\_

Underwriting special events

## 5. Amendment Description or Comments

## 6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 12/4/12  
DATE

By   
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER